

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2023.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. Please type or print.

☐ Check box if partial sale, indicate % _____ sold. List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Wiltse Family Trust
Myrna D. Wiltse, Surviving Trustee
Mailing address 5035 N Mountain View Drive
City/state/zip Boise, ID 83704
Phone (including area code) _____

2 Buyer/Grantee

Name Chad M. Lewis
Karl K. Lewis
Mailing address 3021 Grandview Drive
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name Chad M. Lewis Karl K. Lewis
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
113200272000000000	☐	451,800.00
_____	☐	_____
_____	☐	_____

4 Street address of property 3021 Grandview Drive, Clarkston, WA 99403
This property is located in Asotin Clarkston (for unincorporated locations please select your county) ☒
☐ Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.
Legal description of property (if you need more space, attach a separate sheet to each page of the affidavit).
-See attached 'Exhibit A'.

5 Land use code 11 Household, single family units

Enter any additional codes _____
(see back of last page for instructions)
Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? ☐ Yes ☒ No
Is this property predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) ☐ Yes ☒ No

6 Is this property designated as forest land per RCW 84.33? ☐ Yes ☒ No

Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34? ☐ Yes ☒ No
Is this property receiving special valuation as historical property per RCW 84.26? ☐ Yes ☒ No

If any answers are yes, complete as instructed below.
(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale (RCW 84.33.140 or 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land: ☐ does ☒ does not qualify for continuance.

Deputy assessor signature _____ Date _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE

Signature _____ Print name _____
Signature _____ Print name _____

8 CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Myrna D. Wiltse, Trustee Signature of grantee or agent Chad M. Lewis
Name (print) Wiltse Family Trust Name (print) Chad M. Lewis
Date & city of signing Oct 3, 2023 Clarkston Date & city of signing 9/29/23 Clarkston

Perjury in the second degree is a class C felony which is punishable by confinement in a state prison for not more than five years or a fine of not more than \$10,000, or both.

To ask about the availability of this publication in alternate formats for the visually impaired, please call 360-705-6705. Teletype

EXHIBIT "A"

644687

That part of the South half of the Northeast Quarter of Section 5 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at the North Quarter corner of said Section 5; thence South 0°50' West (record bears South 0°52' West) along the centerline of said Section 5 a distance of 1453.10 feet to the True Place of Beginning; thence continue South 0°50' West a distance of 114.00 feet; thence North 89°43' East, 1924.80 feet; thence North 1°06' East, 110.04 feet; thence North 2°02' West, 3.97 feet; thence South 89°43' West, 1925.11 feet to the True Place of Beginning,

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Return Address

Please print or type information

Document Title(s) (or transactions contained therein): 1. Certificate of Death 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Wiltse Jr., Charles William 2. 3. 4. ☐ Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To the public 2. 3. 4. ☐ Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) ☐ Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: ☐ Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number ☐ Property Tax Parcel ID is not yet assigned ☐ Additional parcel numbers on page ___ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-005122

DATE ISSUED: 03/07/2017
FEE NUMBER: 4603070007

FIRST AND MIDDLE NAME(S): CHARLES WILLIAM
LAST NAME(S): WILTSE JR

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 30, 2017
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MARCH 07, 1933
BIRTH PLACE: CENTRAL POINT, JACKSON COUNTY, OREGON

MARITAL STATUS: MARRIED
SPOUSE: MYRNA KAY DUNCAN

OCCUPATION: SCHOOL ADMINISTRATOR
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: MYRNA KAY WILTSE
RELATIONSHIP: WIFE
ADDRESS: 3021 GRANDVIEW DRIVE, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A. CARDIORESPIRATORY ARREST
INTERVAL: HOURS
B. CONGESTIVE HEART FAILURE
INTERVAL: 2 MONTHS
C. ISCHEMIC CARDIOMYOPATHY
INTERVAL: 6 MONTHS
D. CORONARY ARTERY DISEASE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ANEMIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3021 GRANDVIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 3021 GRANDVIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: CHARLES WILLIAM WILTSE SR
MOTHER/PARENT: MATILDA MAE RUTZER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 02, 2017

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 16TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JASON M. HARWICK

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MEGHANA AWAD, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 01, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: FEBRUARY 01, 2017



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last		
6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)				
7. Return Mailing Address: P.O. Box or Street Address City State Zip				
Telephone Number:		Email Address:		
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:				
The record now shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
14.		15.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct				
16a. Signature:		16b. Signature of 2 nd parent (if required):		
Printed name:		Date:		Printed name:
INSTRUCTIONS - go to www.doh.wa.gov for more information				
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:				
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)				
Birth Certificates				
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.				
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.				
3. Documentary proof must be five or more years old or established within five years of birth.				
Child under 18				
• If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required				
Adult (18 years or older)				
• Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth data, place of birth, or name, one documentary proof is required				
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.				
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)				
Death Certificates				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
Marriage/Dissolution (Divorce) Certificates				
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.				

DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice



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